A All Travel Expenses (Airfare, Fuel, Lodging, & Mileage)

Contributions to Candidates & PACs

Broadcast Advertising (Radio, TV, Internet, & Telephone)

PURPOSE CODES

Donations & Gifts

Food & Refreshments

G General Operational Expenses

E Event Expenses

For any that incurs cost in excess of \$100 or more on electioneering communications.

Any person incurring costs of \$1,000 or more must file within 48 hours of incurring costs. (I.C. 67-6628)

L Literature, Brochures, Printing M Management Services Z Preparation & Production Services		on of Advertising	
GENERAL INFORMATION			
Name of Person/Entity Responsible for the Communication		Date of Public Distribution	
U.S. Term Limits		10,	17/22
Mailing Address			
Street Address Place Plaza Way, 5tc 2	26 City Melbourne	State	Zip Code 32940

N Newspaper & Other Periodical Advertising

Wages, Salaries, Benefits, & Bonuses

Postage

Utilities

Surveys & Polls

Tickets (Events)

Other Advertising (Yard Signs, Buttons, etc.)

EXPENDITURE INFORMATION Name of Recipient Cold Spark Medic Address of Recipient Street Address 707 9HL Avc, 14HL Floor Purpose Code L, P 10/7/22 36,907.22

	公司的 10万 · 文 5 4 6 6 0 0 0 0 1 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
CERTIFICATION	
Name of Individual Completing Report) hereby certify that the information	mation in this report is a true, complete and correct
Campaign Financial Disclosure Report as required by law.	
Signature of Individual Completing Report	Date Signed
Minter	10/11/22

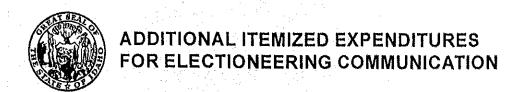
RETURN THIS FORM TO

Secretary of State Elections Division PO Box 83720 Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282



For contributions of \$50 or more, a	C. 67-6628)		
NAME OF PERSON/ENTITY RESPONSI	BLE FOR THE COMMUNICATION	Faritagi Fa	
Manual Committee of the	SLE FOR THE COMMUNICATION		
Control of the Contro			
CONTRIBUTIONS			
Date Received	Contributor Name		
Contribution Amount	Contributor Address		
	Address		
☐ Cash ☐ Loan ☐ In-Kind	City	State	Zíp Code
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Date Received	Contributor Name		
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A STATE OF THE STA			
Date Received	Contributor Name		
Contribution Amount	Contributor Address	\$ F 200	
	Address		
□ Cash □ Loan □ In-Kind	City	State	Zip Code



NAME OF PERSON/ENTITY RESPONSE	BLE FOR THE COMMUNICATION		

EXPENDITURES 45.4			
Date Expended	Name	······································	<u> </u>
Amount Purpose Code	Address		
	Address		
☐ Cash ☐ In-Kind	City	State	Zíp Code
Date Expended	Name:		
Amount Purpose Code	Address		
	Address		
☐ Cash ☐ In-Kind	City	State	Zip Code
Date Expended	Name		
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Amount Purpose Code			
	Address		
□ Cash □ In-Kind	City	State	Zip Code
Date Expended	Name		
Amount Purpose Code	Address		
	Address		
□ Cash □ In-Kind	City	State	Zip Code